Ophthalmology

Phone: (877) 883-1392 Fax: (256) 429-2221

Patient Information: Name: _____ DOB: _____ Gender: ◯ M ◯ F

Address: _____ City: _____ State: ___ Zip: _____
Phone: _____ Alt. Phone: _____ Email: _____
Height: _____ Weight: _____ Last 4 of SSN: _____ Caregiver: _____ Allergies: ◯ No Known ◯ See Charts
Other: _____

Please include front and back copies of insurance card – including pharmacy coverage

Prescriber Information:

Name: _____ NPI: _____ Phone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____
Office Contact: _____

Statement of Medical Necessity (Please attach all chart information):

Date of Diagnosis: _____ ICD-10: _____ Other: _____ TB Test: ◯ Positive ◯ Negative Result Date: _____

Does patient have any of the following?	Yes	No
Serious or active infection present		
Latex allergy		
Hepatitis B ruled out of treatment initiated?		
History of malignancy?		
History of MS or other demyelinating disease?		
New onset CHF or worsening CHS?		

Prior Failed Treatments	Drug name and Length of Treatment
◯ Antibiotics	
◯ Steroid Injections	
◯ Immunosuppressants	
◯ Methotrexate	
◯ Other (Please specify)	

Injection Training: ◯ Pharmacist to Provide Training ◯ Patient Trained in MD Office ◯ Manufacturer Nurse Support
Product Delivery: ◯ Patient's Home ◯ Physician's Office ◯ Pharmacy to Coordinate

Prescription Information:

Medication	Dosage	Directions	Qty.	Refills
◯ Humira	◯ Uveitis Starter Pack	◯ **Induction Dose:** Inject 80 mg SC on day 1, then 40 mg SC on day 8, then 40 mg SC every other week	3	0
	◯ 40 mg/0.4 mL Pen ◯ 40 mg/0.4 mL Prefilled Syringe	◯ **Maintenance Dose:** Inject 40 mg SC every other week	2	

Prescriber's Signature (I authorize pharmacy to act as my designee for initiating and coordinating insurance prior authorizations, nursing services and patient assistance programs)

Signature: _____ Signature: _____ Date: _____
Substitution Permitted **Dispense as Written**

Note: Prior authorization approval and insurance benefits will be determined by the payor based upon the patient's eligibility, medical necessity, and the terms of the patient's coverage, among other things. Participation in this program is not a guarantee of prior authorization or of payment.

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